

colorado.gov/hcpf

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Did you know...?

Effective October 31, 2016, providers who are not enrolled in the Colorado interChange will not have access to member eligibility verifications, claims submissions, or any other business.

All Providers

Health First Colorado Provider Revalidation Important Update!

The deadline for Health First Colorado provider revalidation is rapidly approaching! By completing the enrollment/revalidation process now through the [Online Provider Enrollment \(OPE\) tool](#), providers will ensure there is no delay in payment because of failure to enroll when the new claims management system, Colorado interChange, launches on October 31, 2016. Because revalidation may take several weeks, providers are strongly encouraged to begin revalidation **immediately**.

Please **do not** begin the application before reviewing all of the training resources available online. An incorrect or incomplete application requires additional review that may **add weeks** to your application's processing time. [Enrollment and Revalidation Instructions](#) are available online. Be sure to review the [Information by Provider Type](#) before you begin the online training, as it will help you select the correct training. The [Provider Enrollment Manual](#) also includes valuable information to help you complete your application(s) correctly.

Got Enrollment or Revalidation Questions? We've Got Answers

The Health First Colorado Enrollment and Revalidation Information Center is available for you! Whether you have general enrollment questions, questions about the status of your application, or simply want help getting started, provider enrollment specialists are here to help. Providers may call:

Health First Colorado Enrollment and Revalidation Information Center

800-237-0757, option 5

Available Monday through Friday from 8:00 a.m. - 5:00 p.m.
Closed between 12:00 p.m. - 1:00 p.m.

**Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, CO 80202**

Contacts

Billing and Bulletin Questions
800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 30
Denver, CO 80201

Enrollment, Changes, Signature Authorization and Claim Requisitions
P.O. Box 1100 Denver, CO 80201

ColoradoPAR Program PARs
www.coloradopar.com

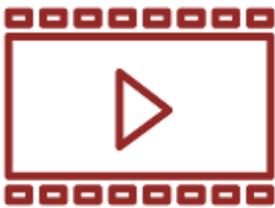
If a specialist is unavailable, providers may leave a voicemail with their name, a brief message, application tracking number, and a phone number so that a specialist may promptly return the call.

Questions may still be submitted via email to Provider.Questions@state.co.us. Email response time is currently two to three business days.

Provider Enrollment Process

Provider enrollment is a two-part process: 1) Hewlett Packard Enterprises (HPE) sends out an initial approval to providers, 2) Xerox State Healthcare generates an eight-digit Health First Colorado ID number. Be sure to check the [provider next steps](#) to review what happens after submitting an application. If you have further questions, please contact Xerox State Healthcare at 800-237-0757.

New Videos for Health First Colorado (Colorado's Medicaid Program) Members



Health First Colorado has developed four videos to help members learn about program benefits. The videos cover what members need to know about their physical, behavioral, and dental benefits. Another video has also been developed just for pregnant women. Each video teaches members basic information about the program and shows them where to go for more information and assistance. At this time, the videos are available only in English.

Videos can be found at HealthFirstColorado.com/Videos.

We need your help! Share these new resources with Health First Colorado members by:

- linking to the videos on your website,
- sharing the videos on social media,
- playing the videos in your waiting room, and
- sharing the videos in your newsletters.

Practitioner Claims Submitted Via Web Portal – Reminder

As a reminder, effective May 1, 2016, all practitioner and pharmacy claims that have a Health First Colorado ID for the referring, rendering, or prescribing provider must also contain a valid NPI number that is enrolled with Health First Colorado (Colorado's Medicaid Program). When using the web portal for claim submission, the qualifier for the referring, rendering, or prescribing provider must be the "NPI" in order for the NPI to be included in the claim. If the qualifier is the individual's SSN, the claim will only include the provider ID, and it will deny for missing NPI. Please go to "Data Maintenance" and then "Provider Maintenance" to ensure the qualifier is saved as the NPI. A brand new claim is required for the update to take effect on the claim. Copying and editing or resubmitting a previous claim will result in a claim denial.

Coming Soon! Big Changes to the Provider Portal, MMIS, and PBMS

As part of the Colorado Medicaid Management Innovation and Transformation (COMMIT) project, the Department of Health Care Policy and Financing will be launching several new

provider-facing systems on October 31, 2016. Two of these new systems will affect the way providers submit claims and receive payments. These are:

1. Colorado interChange – a new claims processing and eligibility verification system and,
2. Pharmacy Benefits Management System (PBMS) – a new pharmacy point-of-sale system.



Over the next several months, the Department will work to inform and prepare Health First Colorado (Colorado's Medicaid program) and CHP+ providers for these changes. In addition, the Department will be hosting a series of live webinars to answer any questions you may have. Both the webinar and training schedules can be found on the Department's [Provider Resources](#) page.

How Can Providers Prepare for These Changes?

Providers who have not begun the enrollment/revalidation process by August 1, 2016 put themselves at **serious risk for delayed payments**, as the process may take several weeks. Providers who are not approved and enrolled in the Colorado interChange by October 31, 2016, will **not be able to submit claims or PARs, receive payments, or verify member eligibility**. Visit the Department's [Provider Resources](#) page for more information about revalidation or enrollment.

Get Tailored Updates That Matter to You!

[Sign up](#) for our email distribution list today, and we'll send you training schedules and other important information specific to your provider type or business.

Other Ways to Stay Informed

The Department will keep you informed and help you prepare for the upcoming changes. Look for general information, training schedules, and updates to be posted in the [Provider Bulletins, At a Glance](#), and on the [Department website](#).

ColoradoPAR Program Updates

Not All Revisions are the Same

Please refer to the [Revision Guide](#) when requesting a change to a prior authorization request (PAR). Guides are available for each service type, and provide detailed instructions on revision requirements.

Some revisions may require another PAR, but most changes can be made by submitting a Helpline ticket. Here are a few common examples:

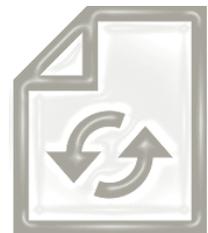
Online Helpline Request

Diagnostic Imaging: Request to change a Current Procedural Terminology (CPT) code due to a contrast change.

Private Duty Nursing: Request to reallocate existing and approved units for LPN and RN procedures codes. (Do not submit a new request.)

Modify Authorization

Durable Medical Equipment: Select "Modify Authorization" as the review type to increase units or add a procedure code to an existing PAR.



Continued Stay

Occupational Therapy (OT)/Physical Therapy (PT): Select "Continued Stay" as the review type to extend the date span for an existing PAR.

The PAR revision guides are located on www.ColoradoPAR.com under the Provider Resources tab. Click the Revision Process link to find the specific guide for your service type.

Guidelines for OT / PT Therapy PARs

Documentation to support the medical necessity of the requested service or supply must be included with your PAR. Please note that the following documents are required for therapy PARs:

For an Admission (Initial) Review:

- MD order/referral
- Current plan of care – must match the MD order/referral*



*If the plan of care does not match the frequency on the initial MD order/referral, or the MD order does not specifically indicate frequency/duration, then the plan of care needs to be approved by the ordering MD either by verbal order or signature.

When Modifying an Authorization Review:

- Current plan of care should reflect the requested change, approved by MD verbal order or signature

For a Continued Stay Review:

- Current plan of care should reflect member progress and revised goals

Submitting Duplicate PAR Requests May Cause Delays

It is important to follow the PAR process. If you experienced issues with your initial PAR, **do not** submit another PAR in an attempt to rectify the issue. Duplicate PARs create confusion, delay the PAR process, and may result in a denial due to duplicate requests.

Requests for Additional Information

When you receive notification that a PAR is pended for additional information, please follow these guidelines for submitting the requested documentation to eQHealth:

- Click on **Respond to Add'l Info** in eQSuite®. The system will display all PARs that have been pended and are awaiting additional information from the provider. Find your PAR and click OPEN.
- Go to the ADD'L INFO tab.
- Look in the QUESTION box to see what information/documentation is needed.
- Do not resubmit the same documentation.

If you are not ready to submit, click CANCEL. It will remain pended. Gather the necessary information and return to the "Respond to Add'l Info" tab to submit within 10 business days.

Please contact the ColoradoPAR Customer Service Line at 888-801-9355 with questions and to submit a Helpline Ticket.

ACC: Access KP Payment Reform Initiative



ACC: Access KP is a new payment reform initiative within Colorado's Accountable Care Collaborative (ACC). The initiative provides a limited benefit, capitated primary care model designed to pilot an alternative to the current fee-for-service payment mechanism. This initiative is a partnership between the Department of Health Care Policy and Financing, Colorado Access, and Kaiser Permanente (KP).

Who Is Enrolled in the Initiative?

All ACC Region 3 (Adams, Arapahoe, and Douglas Counties) Health First Colorado (Colorado's Medicaid Program) members who were attributed to KP as their Primary Care Medical Provider (PCMP) were passively enrolled into the new ACC: Access KP initiative as of May 1, 2016. The initial enrollment was about 23,000 Health First Colorado members.

Members located outside ACC Region 3 are not eligible for ACC: Access KP.

ACC: Medicare Medicaid Program (ACC: MMP) members will not be enrolled in ACC: Access KP, but will be able to keep KP as their PCMP.

Members who have health coverage in addition to Health First Colorado (i.e. Medicare, commercial insurance) will not be enrolled into the program.

When Did the Initiative Begin?

ACC: Access KP launched on July 1, 2016.

Will This Have an Impact on Provider Billing?

Yes. Depending on the services being provided to the member, providers outside of the KP network will have to bill either the Department or KP. The Department will publish additional guidance on billing as soon as possible.

How Will Providers Identify Members Enrolled in ACC: Access KP?

Members enrolled in ACC: Access KP will have a KP member ID card and a unique identification within the Department's provider portal.

How Can I Learn More About ACC: Access KP?

Join us for one of our webinar opportunities to learn more about the ACC: Access KP program.

This webinar will:

- Provide an overview of the ACC: Access KP program.

- Identify who will be enrolled in the ACC: Access KP program.
- Review the Health First Colorado benefits that are covered in the ACC: Access KP program, and the benefits that are considered wrap around benefits.
- Review how to bill for patients enrolled in the ACC: Access KP program.
- Provide you with ACC: Access KP resources that will support your staff and patients.

Dates and registration information are below. We hope you join us!

DATE AND TIME	WEBINAR AUDIENCE	REGISTRATION LINK
August 9 12:00 p.m. – 1:00 p.m.	ACC: Access KP – Do you still have questions?	August 9 Webinar Registration Link

Please contact Matthew.Lanphier@state.co.us with questions.

New Recovery Audit Contractor

The Department is pleased to announce that it awarded Health Management Systems, Inc. (HMS) a contract to act as the Recovery Audit Contractor (RAC) to align with Executive Order 13520 and Section 6411 of the Affordable Care Act. To learn more about the final rules established for the Health First Colorado RAC program, click [here](#).

The purpose of the RAC is to increase transparency in government and hold agencies accountable for reducing improper Health First Colorado payments while also presenting billing education opportunities that improve the accuracy of claims submitted to the Department for reimbursement. Under the RAC, all provider types will be audited.

The Department contacted multiple stakeholder groups and professional associations for input on the request for proposals (RFP) and resulted in the following changes in the new RAC agreement:

- Stronger quality assurance and control measures to improve the accuracy and quality of audits that are conducted;
- Additional contract language to ensure consistent, meaningful training and education opportunities for providers; and
- Clarity in vendor responsibilities and obligations to the Department and to providers when conducting audits and presenting provider education.

Initially, the RFP was posted in early 2014; however, no bids were received. At the end of 2015, the Department posted a second RFP with the additional scope of inpatient hospital DRG claims. The Department received two vendor responses, which included HMS.

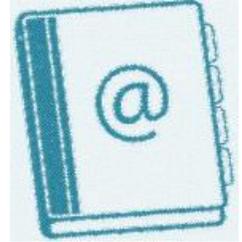
HMS serves as an RAC vendor in several other states around the nation. In addition, the Department is currently contracted with HMS to conduct third-party liability reviews to determine if another party is legally responsible for claims payment. The Department and HMS are working to create a provider outreach plan on the RAC and what providers should expect.

Please contact Kim.Nguyen@hcpf.state.co.us with questions.

New Health First Colorado Members are Looking for Providers: Please Update Provider Contact Information Maintained in the Medicaid Management Information System (MMIS)

The Department is asking all providers to verify and/or update their information in the MMIS as soon as possible. With the expansion of Health First Colorado benefits, Colorado has many new members looking for health care providers.

Please remember, it is the responsibility of each provider to update the contact information maintained in the MMIS. Keeping information updated also ensures that payments and communications are sent in a timely and appropriate manner.



Updating the provider information on file with the Department's fiscal agent, Xerox State Healthcare, is critically important, as the information provided (address and phone number in particular) is used in the Department's Find a Provider web search. The information on file is only as good as what is provided.

Updating the information in the Colorado Medical Assistance Web Portal ([Web Portal](#)), via the MMIS Provider Data Maintenance option, is the easiest and most efficient method to keep information current. However, submission of a [Provider Enrollment Update](#) form is available for providers who do not have the capability to make updates through the Web Portal.

Please contact the Department's fiscal agent at 800-237-0757 with questions.

Hospice Providers

Hospice Room and Board (R&B) Rates Update

Effective July 1, 2016 – June 30, 2017, the Department has loaded all Hospice R&B rates.

A new Hospice R&B fee schedule for the effective dates was emailed to hospice providers on July 1, 2016. If you did not receive this email, please contact James "Jay" Davenport to be added to the distribution list and receive a copy of the hospice room and board rates schedule.

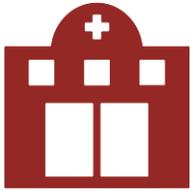
Due to the information included in the fee schedule, the Department is not able to post it on the Department website. The fee schedule includes:

- The Skilled Nursing Facility (SNF) Name
- SNF Rate
- Hospice Rate
- The Rate Begin and End Dates
- SNF Provider ID
- NPI ID

Please contact James.Davenport@state.co.us with questions and for the fee schedule.

Hospital Providers

Updates to Outpatient Cost-to-Charge Ratios and Enhanced Ambulatory Patient Grouping System (EAPGS) Implementation



If a hospital has not provided their most recent interim outpatient cost-to-charge ratio, they will need to do so prior to September 1, 2016. After September 1, 2016, the Department will begin transitioning to the new Colorado interChange with go-live occurring on October 31, 2016. During the transition period, the Department will be unable to make updates to provider rates.

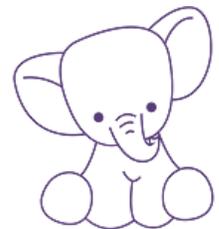
For outpatient hospital claims with all dates of service on or after October 31, 2016, payments will be processed using the EAPGS. This payment methodology will no longer require the periodic update to the outpatient cost-to-charge ratios, as payment is calculated using hospital-specific base rates.

For information pertaining to the interim outpatient cost-to-charge ratio please contact Marguerite.Richardson@state.co.us or 303-866-3839. Faxed interim rate letters may be sent to 303-866-4411.

For information pertaining to the EAPGS payment methodology, please contact Andrew.Abalos@state.co.us or 303-866-2130.

Inpatient Claims for Members Fewer Than 29 Days Old

In the April 2016 Provider Bulletin, the Department communicated that it had identified an error impacting the processing of payments for inpatient hospital claims describing services to members less than 29 days old (neonates). The Department has recently implemented a fix for this error in its claims processing engine. Providers do not need to take any action as the Department will be identifying the impacted claims with paid dates from January 1, 2015 to the present. Mass adjustment will be performed within the Medicaid Management Information System (MMIS) Payer System. Providers will be able to identify their impacted claims by referring to the Provider Claim Report (PCR) after the mass adjustment has been completed.



Please contact Andrew.Abalos@state.co.us or 303-866-2130 for any additional details on this matter.

Imaging and Radiology Providers

Attention Imaging and Radiology Providers

Effective September 30, 2016, per federal coding guidelines, the current Healthcare Common Procedure Coding System (HCPCS) code used for low-dose CT lung scans, **S8032**, is closing and will be replaced by a new code **G0297** on October 1, 2016. All of the current policies pertaining to **S8032** will apply to **G0297**.

Please refer to the [Outpatient Imaging and Radiology](#) billing manual in the CMS 1500 section for details.

Please contact Alex.Weichselbaum@state.co.us with questions.

Pharmacy Providers

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Unit Limit and Prior Authorization Review

Due to unforeseen circumstances, the Department is delaying the publishing of suggested new and revised unit limits. The public comment period has been updated to September, October, and November. Please reference the [July 2016](#) and upcoming provider bulletins for information regarding this review. Please contact HCPF_DME@state.co.us with questions.

Transportation Providers

Total Transit Has a New Name

Effective July 2016, Total Transit is now known as Veyo, the largest company in the family of Total Transit, Inc. companies. Although the name changed, member eligibility, benefits, processes, and providers remain the same. There are no changes to the provider billing process associated with this change.

Total Transit is the transportation broker responsible for coordinating Non-Emergency Medical Transportation (NEMT) for eligible members residing in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld counties.



For additional information, please review the [Colorado NEMT](#) website or contact Total Transit at 855-264-6368 with questions.

August 2016 Provider Workshops

Provider Billing Workshop Sessions and Descriptions

Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of current billing procedures.

The current and following month’s workshop calendars are included in this bulletin.

Class descriptions and workshop calendars are also posted in the [Provider Training](#) section of the Department’s website.



Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado (Colorado’s Medicaid Program) services, need a billing refresher course, or administer accounts should consider attending one or more of the following Provider Billing Workshops. Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission.

August 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7	8	9	10	11	12	13
		<p>*WebEx* CMS 1500 9:00 a.m.-11:30 a.m.</p> <p>Web Portal 837P 11:45 a.m.-12:30 p.m.</p> <p>*WebEx* Vision 1:00 p.m.-3:00 p.m.</p>	<p>*WebEx* UB-04 9:00 a.m.-11:30 a.m.</p> <p>Web Portal 837I 11:45 a.m.-12:30 p.m.</p> <p>*WebEx* FQHC 1:00 p.m.-3:00 p.m.</p>	<p>*WebEx* DME/Supply 9:00 a.m.-11:00 a.m.</p> <p>*WebEx* Practitioner 1:00 p.m.-3:00 p.m.</p>	<p>*WebEx* Hospice 9:00 a.m.-11:00 a.m.</p> <p>*WebEx* Transportation 1:00 p.m.-3:00 p.m.</p>	

Reservations are required for all workshops:

Email reservations to:

workshop.reservations@xerox.com

Or Call the Reservation hotline to make reservations:

800-237-0757, extension 6, option 4.

Leave the following information:

- Colorado Medical Assistance Program provider billing number
- The date and time of the workshop
- The number of people attending and their names
- Contact name, address and phone number

All the information noted above is necessary to process reservations successfully. Look for a confirmation email within one week of making a reservation.

Reservations will only be accepted until 5:00 p.m. the Friday prior to the training workshop to ensure there is adequate space available.

If a confirmation has not been received at least two business days prior to the workshop, please contact a Provider Relations Representative at 800-237-0757.

Workshops presented in Denver are held at:

Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor

Denver, Colorado 80202

***Please note:** For WebEx training, a meeting notification containing the website, phone number, meeting number and password will be emailed or mailed to those who sign up.

The fiscal agent's office is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Free parking is not provided and is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between \$5 and \$20. Carpooling and arriving early are recommended to secure parking. Whenever possible, public transportation is also recommended.

Some forms of public transportation include:

[Light Rail](#)

[Free MallRide](#)

Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to:

Xerox State Healthcare Provider Services at 800-237-0757.

Please remember to check the [Provider Services](#) section of the [Department's website](#) for the most recent information.

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